| | 11 | BEST AVAILABL | AVAILABLE COPY | | | |
|---|----|---------------|----------------|--------------------|--|--|
| \ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \ | | | Application | n or Docket Number | | |

| Effective November 10, 1998 | | | | | | | | | | | | | |
|--|------------------|----------|------------------------------------|------------|------|--|------------------|-------------|-------|------------------------|--------|---------------------|------------------------|
| CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN (Column 1) (Column 2) TYPE OR: SMALL ENTITY | | | | | | | | | | | | | |
| FOR NUMBER FILED NUMBER EXTRA | | | | | | RAT | E | FEE | | RATE | FEE | | |
| BASIC FEE | | | | | | | | | | 380.00 | OR | | 760.00 |
| TOTAL CLAIMS /3 minus 20= * | | | | | | | X\$ 9 |)= | - | OR | X\$18= | | |
| INDEPENDENT CLAIMS 2 minus 3 = * | | | | | | X39 | = | | OR | X78= | | | |
| MULTIPLE DEPENDENT CLAIM PRESENT | | | | | | | | +130 |)= | | OR | +260= | |
| * If the difference in column 1 is tess than zero, enter "0" in column 2 | | | | | | | | | ٩L | | OR | TOTAL | 260.00 |
| CLAIMS AS AMENDED - PART II | | | | | | | | | OTHER | | | OTHER | THAN |
| - | | | umn 1) AIMS | | | Column 2) HIGHEST | (Column 3) | SMA | LL i | | OR | SMALL | |
| AMENDMENT A | | REM | IAINING FTER NDMENT | | P | NUMBER REVIOUSLY PAID FOR | PRESENT EXTRA | RAT | E | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| \$ | Total | * | | Minus | ** | | = | X\$ 9 | = | | OR | X\$18= | - |
| ME | Independent | * | | Minus | ** | * | = | X39: | = | | OR | X78= | |
| ٩ | FIRST PRESE | NTATIO | ON OF MU | JLTIPLE DE | EPEN | DENT CLAIM | | +130 | | | | | |
| | | | | | | | | | | | OR | +260= | . 0 |
| | | | | | | | | | TAL | | OR | TOTAL ADDIT. FEE | |
| | | | umn 1) | | (| Column 2) | (Column 3) | | | | | | Y |
| MENDMENT B | | REM A | AIMS IAINING FTER NDMENT | | Р | HIGHEST NUMBER REVIOUSLY PAID FOR | PRESENT EXTRA | RATI | E | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| NDM | Total | * | | Minus | ** | | = | X\$ 9 | = | | OR | X\$18= | |
| | Independent | * | | Minus | ** | | = | X39: | = | | OR | X78= | |
| ₹ | FIRST PRESE | NTATIO | ON OF M | ULTIPLE DI | EPEN | DENT CLAIM | | | | | On | | |
| | | | | | | | | +130 | | | OR | +260= | |
| | | | | | | | | TO ADDIT. F | | | OR | TOTAL ADDIT. FEE | |
| | • | (Col | lumn 1) | | (| Column 2) | (Column 3) | | | | | | |
| AMENDMENT C | | REM A | LAIMS MAINING FTER NDMENT | | P | HIGHEST NUMBER REVIOUSLY PAID FOR | PRESENT EXTRA | RATI | E/ | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| PM | Total | * | | Minus | ** | | = | X\$ 9 | _ | | OR | X\$18= | |
| ME | Independent | * | 9.44 | Minus | ** | rit. | = | X39= | | | | X78= | |
| A | FIRST PRESE | NTATI | ON OF M | ULTIPLE D | EPEN | DENT CLAIM | | | _ | | OR | | |
| | file entries and | 4 !c | loop the set | ha anto in | | | luma 2 | +130 | | | OR | +260= | |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. | | | | | | | | | | | | | |